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W.R. Grace & Co.-Conn.
Patent Dept.
7500 Grace Drive
Columbia, MD 21044

AMENDMENT TRANSMITTAL FORM

Attorney Docket No. W-9459-02

In re application of: **Kneg-Yu Shih**

Serial No.

Filed: **August 4, 2003**

Group Art Unit:

Examiner:

For: **ACTIVE HETEROGENEOUS BI- OR TRI- DENTATE LIGAND/TRANSITION METAL CATALYST**

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Transmitted herewith is an amendment/response in the above-identified application.

- ☐ NO ADDITIONAL FEE IS REQUIRED.
☒ The fee for any changes in number of claims has been calculated below:

CLAIMS AS AMENDED

| (1) | (2) Claims Remaining After Amendment | (3) | (4) Highest No. Previously Paid For | (5) Present Extra | (6) Rate | Additional Fee |
|------------------|--|-------|--|-------------------------|---------------------------|-------------------|
| Total Claims | 207 | Minus | **161 | *46 | \$18.00 | \$ 828.00 |
| Indep. Claims | 3 | Minus | ***3 | *0 | \$80.00 | \$ 0.00 |
| | | | ****For Multiple Dependent Claims Add: | | \$270.00 | \$ |
| | | | | | TOTAL FEE DUE: | \$ 828.00 |

- *If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
**If the "Highest Number Previously Paid for" IN THIS SPACE is less than 20, write "20" in this space.
***If the "Highest Number Previously Paid for" IN THIS SPACE is less than 3, write "3" in this space.
****Multiple Dependent Claim fee is only paid once.

- ☒ Please charge **\$828.00** to Deposit Account No. **07-1770**.
Two extra copies of this sheet are enclosed.
- ☒ The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 and 1.17 which may be required, or credit any overpayment, to Deposit Account No. **07-1770**. **Two extra copies of this form are enclosed.**

Aug 4, 2003
Date of Signature

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Product Code: DAV-POLY